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Bib Data Sheet

CONFIRMATION NO. 3213

SERIAL NUMBER 10/684,644	FILING DATE 10/14/2003 RULE	CLASS 544	GROUP ART UNIT 1624	ATTORNEY DOCKET NO. 18015-D1
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APPLICANTS

Shalini Sharma, Gaithersburg, MD;
 Reid W. von Borstel, Potomac, MD;

** CONTINUING DATA *****

This application is a DIV of 10/167,839 06/12/2002
 which claims benefit of 60/297,282 06/12/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 01/14/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY MD	SHEETS DRAWING 2	TOTAL CLAIMS 13	INDEPENDENT CLAIMS 2
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Verified and Acknowledged

Examiner's Signature _____ Initials *NG*

ADDRESS
 31976
 LEWIS J. KREISLER
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 930 CLOPPER ROAD
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 20878

TITLE
 Compounds for the treatment of metabolic disorders

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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FILING FEE RECEIVED 770	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		